STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	06/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE WEST MELBOURNE	7199 GREENBORO DR MELBOURNE, FL 32904	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring was conducted on . . . . . Brookdale of West Melbourne had deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure the 1 of 4 sampled staff (A) provided the facility with a healthcare provider statement to indicate freedom from communicable . . . . . including . . . . . .

Findings:
Personnel record review for staff A hired . . . . . revealed no evidence to confirm the staff provided a healthcare provider statement that she was free from communicable . . . . . and that freedom from . . was documented yearly thereafter.
In an interview on . . . . . at approximately 1:30 PM, with the Registered Nurse who stated she was unable to locate any documentation regarding the freedom from communicable . . . . . statement.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and personnel record review the facility failed to provide or arrange for 3 of 4 sampled staff (A, C and D) the mandated in-service training.
Findings:
1. Personnel record review for staff A revealed she was hired . . . . . The review revealed no evidence to confirm she received an in-service training regarding the facility's elopement policies and procedures; and 1 hour in-service training emergency procedures, adverse/incident reporting; a 1 hour in-service regarding Resident ' s Rights, Recognizing . . . . . /neglect/e: . . . . . a 1 hour in-service regarding safe food handling. There was a written test regarding food safety dated . . . . . However, there was no evidence who provided the test and whether she passed or failed the test. There was no evidence she attended the ALF Core training therefore, exempt from the training.
Continued review revealed no evidence she attended a 3 hour in-service training regarding 1. Resident behavior and needs.2. Providing assistance with the activities of daily living and a 1 hour . . . . . control. There was a test dated . . . . . regarding . . . . . control, again who provided the test and whether she passed or failed the test. There was no evidence she was a Certified Nursing Assistance, exempt from the training.
2. Personnel record review on . . . . . at approximately 1:30 PM for staff C revealed she was hired . . . . . The review revealed no evidence to confirm she received an in-service training regarding the facility's elopement policies and procedures; and 1 hour in-service training emergency procedures, adverse/incident reporting; a 1 hour in-service regarding Resident ' s Rights, Recognizing . . . . . /neglect/e
3. Personnel record review on for staff #D, hired . . . . . revealed no evidence to confirm that he had attended an in-service training regarding reporting major incidents/adverse reporting.
In an interview on . . . . . at approximately 1:30 PM, with the Registered Nurse who stated she was unable to

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 1

locate any documentation of the training.
Class III

0082 - Training - - 58A-5.0191(3) FAC

Based on personnel record review and interview the facility failed to ensure 2 of 4 sampled staff (A & D) attended a one- time training regarding
Findings:
Personnel record review on for staff A, hired revealed no evidence to confirm he had attended a one- time training regarding
Personnel record review on for staff D, hired revealed no evidence to confirm he had attended a one- time training regarding
In an interview on at approximately 1:30 PM, with the Registered Nurse who stated she was unable to locate the training for the staff. As for her certificate she was totally sure she had it at home and requested to e-mail it to the Agency representative. An e- mail was not received.
Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview the facility, who maintained a secure memory care area, failed to ensure that 1 of 4 sampled staff (A) who provided personal care to residents with or Related (ADRD) received/ all the mandated training requirements.
Findings:
Personnel record review for staff A revealed she was hired and was a Resident Care Attendant (RCA). The review revealed no evidence to confirm she received 4 hours of initial training within 3 months of employment regarding and ADRD" and Related Level I Training,"; additional 4 hours of training, entitled and Related Level II Training," within 9 months of employment and 4 hours of continuing education annually as required under Section 429.178, F.S. The review revealed a training dated regarding "Understanding Memory Care".
In an interview on at approximately 1:30 PM, with the Registered Nurse who stated she was unable to locate any documentation regarding the training.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to have ensure 2 of 4 sampled staff (A and C) who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding within 30 days after employment.
Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0090 Continued From page 2

1. Personnel record review on [redacted] at approximately 1:30 PM for staff A revealed she was hired [redacted]. The review revealed no evidence to confirm she received at last one hour of training in the facility's policies' and procedures regarding [redacted].
2. Personnel record review on [redacted] at approximately 1:30 PM for staff C revealed she was hired [redacted]. The review revealed no evidence to confirm she received at least one hour of training in the facility's policies' and procedures regarding [redacted].
In an interview on [redacted] at approximately 1:30 PM, with the Registered Nurse who stated she was unable to locate any documentation regarding the training.
Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (D), whom was in a role that required a background screening did not have any disqualifying offenses and allowed staff D to work before the screening was completed.
Findings:
In an interview with staff D on [redacted] at approximately 9:45 AM who stated she was the Resident Services Director and had begun employment on [redacted].
Personnel record review for staff D revealed she was a Registered Nurse and was hired on [redacted]. The review revealed a background screening result that indicated "screening in process". "Awaiting privacy policy".
The Agency background screening website indicated she was eligible to work at an AHCA provider/facility licensure. However the facility did not have access to that screen and allowed the staff to work, without the screening results.
In an interview on [redacted] at approximately 2 PM with the nurse, who stated she had been fingerprinted but did not recall signing a privacy paperwork.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida